

Tufts New England Medical Center Hospitals Program Tufts New England Medical Center Hospitals Lemuel Shattuck Hospital



Transitional Year Residency Program

Educational Goals and Objectives for Anesthesiology

Location: Tufts-New England Medical Center

Lahey Clinic

Lemuel Shattuck Hospital

Type of Rotation: Elective Length of Rotation: 4 weeks

OVERVIEW

A 4 week elective rotation working in the operating room with the anesthesiologist.

Teaching Goals

Understand the principles of pre-anesthetic evaluation, preparation, and anesthetic care, including history, physical examination, assessment of physiologic state, categorization of anesthetic risk, and care throughout the perioperative period.

OBJECTIVES

By the completion of this rotation, the resident will:

- a. Develop orotracheal intubation skills.
- b. Demonstrate and understand local anesthetic pharmacology and participate in the conduct of regional anesthetics.
- c. Demonstrate and understand the principles of conduct of a general anesthetic by demonstrating:
 - i. Knowledge of the pharmacology of the major anesthetic agents including appropriate selection and use.
 - ii. Knowledge of the basic physiology and interpretation of intraoperative monitoring including end-tidal CO2, oxygen saturation, arterial blood gas, pulmonary artery pressures, and other hemodynamic measurements.
 - iii. Knowledge of and administration of appropriate perioperative fluid therapy
 - iv. Knowledge and demonstration of operating room safety
- d. Demonstrate an understanding of the principles of post anesthesia recovery care and participate in the conduct of that care including recognition of the common complications seen following an anesthetic.

CLINICAL EXPERIENCE

The resident participates with anesthesiologist preceptors in pre-anesthetic evaluations, placement of monitors, conduction of anesthetics including induction, intubation, maintenance, emergence, and extubation, post-anesthetic recovery care and follow-up. The resident may also have opportunities to gain experience in

regional anesthesia, chronic pain management, and sub-specialty anesthesia areas such as pediatric, obstetric, thoracic, and neurosurgical anesthesia.

DIDACTIC EXPERIENCE

Following a case-based reading approach, residents are expected to utilize resources for self-education which include anesthesia textbooks available in the medical library, bound medical, surgical and anesthesia journals in the medical library, and on-line searching capabilities maintained throughout the institution.

Suggested reading material includes

<u>Clinical Anesthesia Procedures of the Massachusetts General Hospital</u> edited by Leonard Firestone.

Anesthesia for Obstetrics by Sol Shnider

Anesthesiology by Gershon Levinson and Ron Miller

RESPONSIBILITIES

a. Decision making

Decisions are made directly under the supervision of the staff anesthesiologist

b. Planning

Planning for care is done on an ongoing basis with the staff anesthesiologist

c. Direct patient care

Patient care is performed only with the staff anesthesiologist

d. Record keeping

Residents complete the pre-anesthesia form on patients the morning of surgery, under direction of the staff anesthesiologist. Operating notes are written by the staff anesthesiologist or, if desired, by the resident under direct supervision by the staff anesthesiologist.

e. Order writing

Orders are generally written by the team responsible for the care of the patient. Perioperative anesthetic related orders are written by the staff anesthesiologist or, if desired, by the resident under direct supervision by the staff anesthesiologist.

f. Ongoing patient management

Patient management occurs only during preoperative evaluations, during the case and follow-up evaluations the first post-op day.

g. SUPERVISION

Direct supervision by the staff anesthesiologist at all times

Evaluation Method: Monthly evaluation Mini-Cex